Application / Attachment
Traffic Safety Department – Loading Zone

CITY OF GRAND RAPIDS

The Grand Rapids Traffic Safety Department is authorized to establish and maintain loading zones and to omit parking devices from such loading zones, if it should find it advisable and necessary from the standpoint of traffic safety conditions, and for the conduct of business and use of property by all persons wishing to use the zone for loading and unloading. Provided, no vehicle may remain in a loading zone without the occurrence of observable loading or unloading for a period of more than twenty (20) minutes.

No such loading zone will be placed upon any property having off-street parking which could be utilized for loading and unloading.

A loading zone is established only to facilitate traffic movement by making it possible to stop parallel to the curb for a short period of time to either load or unload materials. This does not include the right to stop in the zone for any other purpose. Whenever possible, loading zones will be limited to one per block, and is for use by all persons wishing to use the zone for purposes of loading and unloading.

The designated space is to be used only in accordance with the above and not for parking. If the space is used for other than loading or unloading, it will be necessary to either eliminate the loading zone or prosecute the violations.

If the property in front of which the signs are placed remains vacant or unused for a period of more than thirty (30) days, the City reserves the right remove the loading zone signs

Return completed applications to: City of Grand Rapids, Traffic Safety Department, 509 Wealthy S.W., Grand Rapids, MI 49503

I.   General Information   Please Print or Type
A. Proposed Loading Zone Location

_____

Address

B. General Description of the Necessity for a Loading Zone

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_____

_____

II.   Identification

B. Applicant Information (*Signature Required*, Contact Information Required if Applicant Not Indicated by Check Box Above)

Name & Title			Company Name	
Street Address			Telephone Number	Fax Number
City	State	Zip	Mobile Number	E-mail Address

I have read and agree to the rules stated above.

Applicant Name (Please Print)	Applicant Signature	Date

Approved: _____

Date